

Application and Approval for Off-Duty Employment

AUTHORITY: 10 USC 974; 10 USC 8013; Executive Order 9397: DoD 5500.7R, Sec. 2-206 and 2-203

PRINCIPLE PURPOSES: Provide information to evaluate proposed off-duty employment, and determine impact on duty performance.

ROUTINE USES: Records may be disclosed for any of the blanket routine uses published by the Navy.

DISCLOSURE: Disclosure of SSN is voluntary. Failure to provide information could result in disapproval of request of off-duty employment.

Applicant Data and Certification (Completed by Applicant)

Last Name, First Name, Middle Initial

Title/Grade

SSN (Voluntary)

Department (no abbreviations)/Code

Duty Phone

Duty Title

1. Name of proposed off duty employer: _____
2. Address/phone of proposed off duty employer: _____ / _____
3. Is employer a DoD Contractor? _____
4. Title of proposed position: _____
5. Off-duty hours of employment (days/wk, hours/day) _____
6. Job Description: _____

7. Normal Hours at NPS: _____

I understand the applicable provision of the Joint Ethics Regulation (DoD 5500.7R) and further certify that the off-duty employment for which I am applying:

- Will Not bring discredit upon Navy, DoD, or U.S. Government.
- Will Not interfere with or be incompatible with my government duties.
- Will Not interfere with the customary or regular employment of local civilians.
- Will Not require absences during normal work hours.
- Will Not involve any expense to the Navy or use of government facilities, property, or manpower.
- Will Not endanger my safety or health.
- Will Not involve the use of title or representation before a federal agency.
- Will Not involve employment with an organization now involved in a strike.
- Will Not place me in a position that might be incompatible with my rank or position.
- Will Not require action at any time as a sales agent for the purpose of personal commercial solicitation of DoD personnel junior in grade or rank.
- Will Not appear to involve a conflict of interest.
- Will Not involve working for a firm or other entity that is engaged, or endeavoring to engage, in business transactions of any sort with an agency of the Department of Defense.
- Will Not violate any U.S., state, or local law; ordinance; or Navy regulation or Instruction.

Signature of Applicant/Date

Supervisor/Program Officer Recommendation	
Recommended Approval / Disapproval (explain)	_____/_____ Signature/Date
Division Dean/ Department Head/Academic Associate Recommendation	
Recommended Approval / Disapproval (explain)	_____/_____ Signature/Date
Staff Judge Advocate or Office of Counsel Recommendation	
Recommend Approval / Disapproval	_____/_____ Signature/Date
Approving Authority - Superintendent or Provost	
Approved / Disapproved	_____/_____ Signature/Date

